## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh

	ns. TE ADDRESS (Note: Use Block I for	Patent, advance or in Block 1, by (a any change of address)		Note: A certificate (Fee(s) Transmittal. I papers. Each addition have its own certific	of mailing can only be used fi his certificate cannot be used nal paper, such as an assignment ate of mailing or transmission.	or domestic mailings of for any other accompany ent or formal drawing, m
SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.Y. SUITE 800 WASHINGTON, DC 20037  JAN D 6 2003			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Ur States Postal Service with sufficient postage for first class mail in an enve addressed to the Mail Stop ISSUE FEE address above, or being facsi transmitted to the USPTO (703) 746-4000, on the date indicated below.			
07/2005 HLE444 000001	172 10675977	3005	22			(Depositor's na
FC:1501 FC:1504	1400.00 OP 300.00 OP	PADEMARK OF				(Signat
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,977	10/02/2003	Yoshiyu		ki Okuda	Q77775	6279
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FI \$1370		PUBLICATION FEB \$300	TOTAL FEE(S) DUE \$1670	DATE DUB 01/12/2005
EXAMINER		ART UNIT CLASS-SUE		CLASS-SUBCLASS		
PHILOGENE, HAISSA		2828		315-169300		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in				=	gnee is identified below, the o	locument has been filed
(A) NAME OF ASSIGN	EE	(B	) RESIDENC	CE: (CITY and STATE OR C	DUNTRY)	
PIONEER COR			KYO,		/	
			inted on the p		Corporation or other private gr	oup entity Governm
4a. The following fee(s) are enclosed:  4b.  4b.					ne NOA Fees paymo	ent.
Publication Fee (No small entity discount permitted)			Please	charge any payme	nt deficiency and	
Advance Order - # of	f Copies	·	credit	overpayment to PC	DA 19-4880.	ny overpayment us form).
Travallo Grade " D		<u> </u>	Crount	o (cipayiment)	-	
5. Change in Entity Status	(from status indicated above	-,			AT I DAPPITAL MANAGE CO. 27 C	
5. Change in Entity Status  a. Applicant claims SI	MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SM		
5. Change in Entity Status  a. Applicant claims SI	MALL ENTITY status. See	37 CFR 1.27.			sly paid issue fee to the applications of attorney or agent; or the	
5. Change in Entity Status  a. Applicant claims SI	MALL ENTITY status. See is requested to apply the Issublication Fee (if required) and of the United States Pat	37 CFR 1.27.	ion Fee (if ar I from anyon Office.			

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.